

F10000004602

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000078081 3)))



H120000780813ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
YOUZOOM INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Please give
to:
Karen

1st sent 3/20
Backdate

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

12 MAR 26 AM 9:59

TALLAHASSEE, FLORIDA

AA+ROCH
DRC
3/26

To:
Division of Corporations
Fax Number : (850) 617-5380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
YOUZOOM INSURANCE SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/20/2012

RECEIVED	03/20/2012 09:34	03/20 09:34	6176380	00:00:37	03	OK	STANDARD	ECM
DATE, TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	MODE			

TIME : 03/20/2012 09:34
NAME : CT CORPORATION
FAX : 8556336092
TEL : 8556442352
SER.# : BROK90985100

TRANSMISSION VERIFICATION REPORT

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: YOUZOOM INSURANCE SERVICES, INC.
Name of Corporation

DOCUMENT NUMBER: F10000004602

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

pbriand@bbinslegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

FLOOD - 07/23/2009 C T System Online

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of California
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: YOUZOOM INSURANCE SERVICES, INC.
2. The principal office address: _____
701 B STREET SUITE 2100 SAN DIEGO CA 92101
3. The mailing address (if different): _____
701 B STREET SUITE 2100 SAN DIEGO CA 92101
4. Date of incorporation/qualification: 10/19/2010 Document number: F10000004602
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

HIQ CORPORATE SERVICES INC
1574 VILLAGE SQUARE BLVD SUITE 100
TALLAHASSEE FL 32309

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Sharlin Aldao Sharlin Aldao, Vice President
Signature of an officer or director Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.

By: C T Corporation System
[Signature]
Signature of Registered Agent

03/09/2012

Date

If signing on behalf of an entity:

Kristin Bolden

Assistant Secretary

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FL006 - 07/12/2009 C T System Online

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAR 20 PM 2:03

FILED